

FEB 17 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: :
CARL KUBITZ : Examiner Manuel L. Barbee
Filed: 08/05/2003 : Art Unit 2857
Title: SYSTEM AND METHOD FOR TESTING OF :
TRANSACTION INITIATION DEVICES IN ELECTRONIC :
FUNDS TRANSFER SYSTEMS :
Serial No.: 10/635,420 :

M.S. AMENDMENT
Commissioner for Patents
PO Box 1450
Alexandria, VA 22313-1450

Sir:

AMENDMENT

This Amendment is responsive to the Office Action dated November 17, 2004.
Please amend the above-identified application as follows:

FEB 17 2005

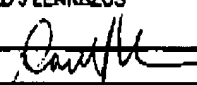
PTO/SB/21 (02-04)

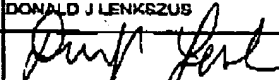
Approved for use through 07/31/2009, OMB 0661-0031

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| | | | |
|---|----------------------|------------------------|---------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/635,420 | |
| | Filing Date | 08/05/2003 | |
| | First Named Inventor | CARL KUBITZ | |
| | Art Unit | 2857 | |
| | Examiner Name | Manuel L. Barboe | |
| Total Number of Pages in This Submission | 12 | Attorney Docket Number | LXL-POS |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks _____ | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm or Individual name | DONALD J LENKSZUS | |
| Signature |  | |
| Date | FEBRUARY 17, 2005 | |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|---|-------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. | | |
| Typed or printed name | DONALD J LENKSZUS | |
| Signature |  | Date |
| | | FEBRUARY 17, 2005 |

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